

# Finding the words

How to support someone  
who has been bereaved and  
affected by suicide



“I think it’s very important  
just to be there, to be  
available.”



# Introduction

**Few people like to talk about death, and many of us feel awkward around someone who has been bereaved, even if they're a good friend or close colleague. We want to help, but worry about saying the wrong thing. Sometimes we can put off contacting them, and before long it may seem too late to say anything at all<sup>1</sup>.**

Alongside our uncertainty over how we should react to a bereavement, is the fact that people bereaved by suicide have significantly less chance of receiving support from friends and family, and there are limited suicide bereavement support services across the country.

We hope this short guide will make you feel more comfortable about reaching out to someone bereaved by suicide.



# Why suicide is a unique loss

**Losing a loved one to suicide has long been believed to be one of the most difficult and lonely experiences a person can have.**

All types of grief and loss can cause intense sadness, anger, anxiety or numbness, but research shows people bereaved by suicide have the most intense feelings of shame, responsibility and guilt when compared with people bereaved by other sudden deaths<sup>2</sup>.

## **Lack of understanding about suicide**

Suicide and mental health problems are widely stigmatised. People who have lost someone to suicide often describe their friends avoiding them, or making judgemental and negative comments about the person who died, which can be very hurtful<sup>2</sup>.

## **Suicide is often sudden or unexpected**

It may have come as a surprise that the person who died was feeling suicidal, or had a history of feeling low. Even if the person had expressed suicidal thoughts, the death itself will probably have been shocking.

## **Lack of privacy**

After a suicide there is often intense interest from people in the local community and from the media. This can make it difficult to grieve privately.

**“I felt that no-one wanted to know.”**



### **People bereaved by suicide are vulnerable to mental health problems**

Research shows that people bereaved by suicide have an increased risk of mental health problems, suicide attempts, and suicide<sup>3,4</sup>. They are also more likely to describe difficulties coping at work or in education<sup>4</sup>. There are many possible reasons for this. Factors that may have contributed to the person's decision to die by suicide, such as financial problems, low income, work or relationship instability, or lack of support, may also apply to those left behind, especially when combined with the burden of grief<sup>3</sup>. Other life circumstances can also make people feel more vulnerable.

### **A suicide affects many people**

Suicide bereavement is thought to affect around half the general population. A suicide can have a ripple effect, reaching well beyond someone's immediate family. Studies suggest that between 10 and 60 people are affected by each suicide.

Whether someone feels included in that number is for them to decide. The extent of a relationship is not always obvious, and differently affected does not mean less affected. People often identify with a suicide because of something they had in common with the person who died, such as a similar background or a shared connection to a place. Parents may identify with a suicide if they have a child the same age. Someone can be rocked by the suicide of an old friend they hadn't seen in decades, an online friend they never met, or a stranger.

### **Other distressing information is more likely to emerge after a suicide**

A suicide may bring up hidden aspects of a person's life such as past self-harm or past suicide attempts, problems at work or school, drug and alcohol misuse, financial problems, dysfunctional relationships, or stopping medication without medical advice. These can come to light through the deceased person's other relatives or friends, or during an inquest, which may be reported in the press.

# Things to remember

## **There is never just one cause of suicide**

Suicide can be a response to any combination of difficult circumstances, including relationship breakdown, loss of employment, and money worries. There may be no obvious underlying reasons. Many people who take their own lives are thought to have identified or unidentified depression or another mental illness, and a wide range of factors can contribute to the development of mental health problems.

## **It's natural for a bereaved person to keep going over what has happened**

Feeling guilty or wanting answers are common reactions, and giving the bereaved person space to talk about the suicide or the person who died can help them to cope. It might involve having to hear the same account again and again, but this can be therapeutic for the bereaved person. It is rarely appropriate to speculate about blame, and a suicide doesn't mean the person who took their life didn't love or care about those they left behind.

## **Suicide is a response to intense emotional distress**

People who take their lives are often trying to stop emotional pain inside them which is as immense and real as physical pain. Often they don't necessarily want to die, but to end unbearable feelings. Given this, it's important not to judge the person who has died.

## **Grief doesn't stop, it changes**

There's no time limit on grief, and the passing of time doesn't dictate how someone should feel. Grief comes and goes in waves rather than following a set path, so peddling the concept that 'Time heals' can feel very misleading, dismissive and upsetting. People bereaved by suicide can feel pressurised to 'move on', which forces them to hide their feelings. Some people describe their grief as being like a black hole, or a missing stair. It never goes away but life finds a place around it.

# Everyone grieves differently

**Grief is very individual and doesn't necessarily fit with someone's usual personality. A person's mood can change very quickly and it can be common to swing between wanting to be alone and wanting company.**

## **Don't assume someone is getting support**

They may not have been offered support from anyone else, or known where to look. Show them kindness and reach out so they know you are thinking of them and are there if they need you.

## **It's never too late to help someone**

People will continue to live with their grief for weeks, months and years.

## **You don't have to be a close friend to help someone**

You may feel reluctant to get in touch, thinking "I'm not that close a friend", "I haven't seen him in years," "I won't understand the situation" or "She's got other people to help her." Sometimes the most touching support comes from where it's least expected.

## **Someone who is grieving may not necessarily have support from others in the same situation**

Don't think you're less helpful to a grieving friend because you didn't know the person who died. While people who are grieving the same person often look for support from one another, bereavement can also create divisions within families or between mutual friends.

## **Responses to the same death can vary**

Some people prefer not to talk about the person who died to others who knew them, as it could make their relationship seem less unique, or lead to painful new information. Depending on someone's relationship to the person who died, they may not have known many people in common.

# Things to say and do

## Acknowledge the loss

It's understandable to feel uncomfortable or worry about offending someone, but staying silent or ignoring someone after their bereavement can make them feel worse. Often it is better to say something than nothing. Spending time with the bereaved person will usually help give ideas of what could be helpful to them.

## Consider how the bereaved person would prefer you to get in touch with them

Just as there are different ways to grieve, there are different ways people prefer to communicate after a loss. Receiving regular text messages may be easier to manage than telephone calls. Dropping in may be welcomed, or may be seen as an inconvenience. It's worth asking the person what they prefer.

## If someone is slow at getting back to you, keep trying, and try not to take it personally

The idea of making contact or returning calls and messages can sometimes feel overwhelming to someone who has been bereaved. Headaches from tension and lack of sleep can also make it difficult to look at a computer or phone screen. Feeling guilty at not acknowledging messages is an additional burden for a grieving person. Let them know you don't expect them to return calls, and perhaps come to an agreement that they might get back to you every few weeks. If you are part of a group of friends, you could ask one person to take on the role of relaying that messages have been received and are appreciated.

**“Give a call and say that I’m always here if you want to go out, or if you want to talk, or if you just want someone to hold your hand.”**





“I think it’s about offering them that opportunity of speaking to somebody, without making them feel they have to talk to you if they don’t want to, which is fine! It’s a balancing act.”



### **Be an active listener**

Try to give the bereaved person space to open up if they want to, while being sensitive if they don't want to take it further. Conversation can be helped by using active questions such as:

- What's your favourite memory of [name of the person who died]?
- Describe a time when [name of the person who died] really made you laugh?

### **Offer an extra pair of hands**

Help with daily living is often greatly appreciated. Rather than asking “Is there anything I can do?” try and make specific suggestions. Support with childcare, dog-walking, cooking, chores, paperwork, fielding telephone calls or accompanying someone to appointments may be welcome.

### **Be patient**

It can take a long time to process a death like this. Allow them the space and time to feel whatever they need to feel for as long as it takes them.

Also let them hunt for words or repeat themselves rather than trying to ‘move them on’.

### **Listen rather than offer solutions**

Grief is a state of emotions to be supported, not a problem to be solved. When offering consolation it is best not to presume that there are small comforts, such as “At least you weren't the one who found him...”

### **Share memories of the person who died**

Many people mistakenly think they should avoid mentioning the person who died in fear of causing further upset. You are unlikely to be ‘reminding’ them about their grief as they will be living with it day to day. To a bereaved person, it can feel as if the person who died has been erased from other people’s minds, or that they are only associated with sadness, pain and the way that they died. The chance to share a happy or funny story can be very comforting.

### **Let them know you'll always be there for them**

Certain times of the year, such as birthdays, public holidays and anniversaries are often difficult for someone who has been bereaved. Making a note in your diary can help you remember to reach out to them at these times.

### **Show sensitivity when discussing the death with others**

Mutual friends may not be aware of the death, so think about how best to break the news, and agree on what to share, and who with. Anticipate that people who find out from you will want to talk, or ask questions, and try to be available. Be particularly sensitive towards people who have experienced mental health problems, or been bereaved before, especially by suicide, and remember you may not know that this applies to someone. Be careful over what you share online. Some people may prefer not to learn of the death of a friend on social media. If someone seems distressed by the news online, treat it as seriously as you would in person.

### **Support them if media coverage is negative**

The press may cover the suicide both at the time of the death and at the inquest, which could be weeks or months later, so be ready to support someone if you notice media coverage. If you feel unnecessary details are included about the location, method, contents of a suicide note, or speculation about the reasons, then consider notifying the Samaritans, as the coverage may go against reporting guidelines.

### **Challenge stigmatising language and attitudes around suicide and mental illness in everyday life**

When referring to suicide, use expressions such as “died by suicide” or “took his own life.” The common phrase “committed suicide” dates back to when suicide was a crime, and may be upsetting. Politely challenge people who complain about disruption caused by public suicides. Try not to support media portrayals, fictional or real, that promote or glamorise suicide.

**“Just go with the flow and see how the person is feeling.”**



# Things to avoid

## **Don't push for detail about the suicide**

Questions about the precise location, the methods used, or contents of a note can come across as reflecting morbid curiosity rather than concern. It can also create a sense that the suicide is being gossiped about by others. Let the bereaved person lead on whether they would find it helpful to talk about specifics.

## **Don't speculate about the reasons for the suicide**

Suggesting explanations for the suicide could make them feel blamed, particularly if the focus is on past arguments or disagreements they'd had with the person who died. It also risks over-simplifying what causes suicide, and presenting suicide as inevitable. In general, avoid voicing any assumptions. Be careful not to encourage blame by saying things like: "You must feel so guilty."

## **Don't avoid them, or avoid the subject**

After the chaos of a suicide, many bereaved people seek solace in what's familiar. You can help them maintain a normality by communicating as you would do normally. If you really can't handle a conversation about the suicide, don't keep putting it off or making excuses not to see the bereaved person, which make it obvious that you are avoiding them<sup>6</sup>. Acknowledge their feelings, but explain that you feel out of your depth, and gently suggest they speak to a professional. Helping them identify sources of support, for example a bereavement counsellor, may be appreciated.

“If I was talking to someone and they were sad and grieving, it’s not necessary for me to know exactly the details of their relationship with that person, or how they died, or whatever, in order for me to listen to them, if they want to talk about how they feel.”



---

**Don't push for details of their relationship**

Respect whatever way the bereaved person chooses to label their relationship with a friend or colleague who has died. Ex-partners or 'might-have-beens' often find it hard to grieve openly, especially if they are in another relationship, or if the person who died had been. Relationships that could have been disapproved of by others, such as same-sex or cross-cultural relationships, or infidelity, may have happened in secret. It's up to them if they want to explain the relationship, and asking for more details than you're given can seem intrusive.

**Avoid focusing too much on yourself**

Maintain the focus on the person who has been bereaved and try not to keep coming back to your own feelings about the suicide. Unless you have been bereaved by suicide yourself, it may not be helpful to make comparisons with your own experiences.

**Don't be negative about the person who died or be judgemental of their actions, especially if you never knew them**

People affected by suicide often experience complicated and conflicting feelings about the person who died. It is not for you to tell them how they should feel. Avoid giving your opinion about them as people and you should never present suicide as a positive choice.

## Finding help

The [Support After Suicide Partnership \(SASP\)](#) is the UK's national hub for organisations and individuals working across the UK to support people who have been bereaved or affected by suicide. The website has a range of advice and support guides and details of national and local support services.

[Help is at Hand](#) is a practical and emotional guide for people bereaved by suicide. It includes personal stories.

[www.supportaftersuicide.org.uk/  
support-guides/help-is-at-hand/](http://www.supportaftersuicide.org.uk/support-guides/help-is-at-hand/)

A printed copy can be ordered by quoting 2901502 at [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) or 0300 123 1002.

“I would really appreciate even just knowing that there is the opportunity to talk to someone if I want to.”



## About this guide

This guide is based on the experience and personal research of one author and the research evidence gathered by the other author. The quotes in this guide are drawn from interviews conducted with young adults bereaved by suicide as part of a 2010 national survey on the impact of suicide bereavement.

Further information on this research project at UCL is here:

[www.ucl.ac.uk/psychiatry/bereavementstudy](http://www.ucl.ac.uk/psychiatry/bereavementstudy)

### About the authors

**Maxine Frances Roper** is a writer interested in mental health, charity communications, and the emotional impact of Dyspraxia and related neurological conditions.

**Dr Alexandra Pitman** is a clinical researcher at University College London, with an interest in research on the impact of suicide bereavement. She is patron at the Support After Suicide Partnership (SASP).

## References:

1. Pitman et al (2017) Support received after bereavement by suicide and other sudden deaths: a cross-sectional UK study of 3432 young bereaved adults. *BMJ Open* 2017;7:e014487. doi: 10.1136/bmjopen-2016-014487
2. Pitman et al (2016) The stigma perceived by people bereaved by suicide and other sudden deaths: a cross-sectional UK study of 3432 bereaved adults *Journal of Psychosomatic Research* 87:22-29 <http://www.sciencedirect.com/science/article/pii/S0022399916303154>
3. Pitman et al (2014) Effects of suicide bereavement on mental health and suicide risk *The Lancet Psychiatry*, 1(1): 86-94 [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70224-X/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70224-X/fulltext)
4. Pitman et al (2016) Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3,432 young bereaved adults. *BMJ Open* 6:e009948. doi:10.1136/bmjopen-2015-009948 <http://bmjopen.bmj.com/content/6/1/e009948>
5. Samaritans (2013) <http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide/advice-journalists-suicide-reporting-dos-and-donts>
6. Pitman et al (2018) The stigma associated with bereavement by suicide and other sudden deaths: A qualitative interview study *Social Science & Medicine* 198; 121-129 <https://www.sciencedirect.com/science/article/pii/S0277953617307797>

## Your support matters

**25%** of people bereaved by suicide said they received no support after their loss. Only 1% said they preferred to cope without support<sup>1</sup>.

---

Of those who received support after being bereaved by suicide, **64%** said this had come from family and friends<sup>1</sup>.

Being there for someone can make a real difference.

“I just wanted someone to hug, to just sit there and let me talk, just let me say what I wanted.”

